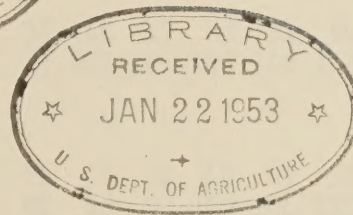
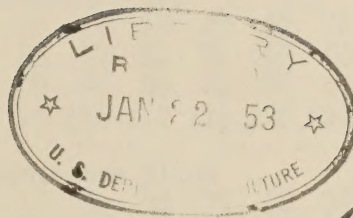


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RURAL HEALTH;
Annotated List of Selected
References
(Preliminary)



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DEPARTMENT OF AGRICULTURE - Bureau of Agricultural Economics, 2a on form
in cooperation with
FEDERAL SECURITY AGENCY - Public Health Service

50 Washington, D.C.

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October 1952

THE DIVISION OF MEDICAL AND HOSPITAL RESOURCES in the Public Health Service performs studies and service activities pertaining to hospital and related services--needs for these services, methods of providing them with maximum economy and efficiency, and methods of improving their quality and availability.

THE DIVISION OF FARM POPULATION AND RURAL LIFE in the Department of Agriculture conducts rural health studies as a part of its research in levels and standards of living.

This list of references was prepared cooperatively by Helen L. Johnston and Elsie S. Manny under the general direction of Louis S. Reed, Chief, Medical Economics Branch, Division of Medical and Hospital Resources, and Wilson Longmore, Head, Level of Living Section, Division of Farm Population and Rural Life.

GENERAL GUIDE TO CONTENTS

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PREFACE

This reference list was compiled as a working tool for rural health research workers, health educators, sociologists, farm organization health leaders, and others with a direct concern for rural health problems and programs.

Emphasis on the health needs of rural people and on programs for meeting these needs was the principal criterion for selection. The list is limited chiefly to publications since 1945. A few major studies published before 1945 are included because they present the only comprehensive data available on a particular subject. In general, articles in periodicals have been listed only when they give the results of substantial studies or material not otherwise available.

The health problems of rural people are, of course, only a part of the health problems of the Nation. To get a true perspective on rural health would require familiarity with literature on broad phases of health for the Nation as a whole. Such literature has been included in this reference list, however, only when rural aspects were stressed. This means that some programs and proposals of major importance to rural people are touched upon only lightly because published material with rural emphasis is meager in some of these fields.

A few of the publications listed are out of print, but it is believed that most of them are available in the libraries of State agricultural colleges or in other large libraries.

With a view to future revision, the compilers would appreciate suggestions regarding items that should be added or deleted. They would also like to receive any criticisms that would make this list more useful.

RURAL HEALTH --- SELECTED REFERENCES

1. Almack, Ronald B. The Rural Health Facilities of Lewis County, Missouri. Res. Bull. 365. Columbia: Mo. Agr. Expt. Sta. 1943. 42 pp.
An analysis of the health services available in Lewis County, Missouri, their use by farm families, and the amounts paid by families for various items of medical care. Income and distance were among the factors influencing use.
2. American Academy of Pediatrics. Child Health Services and Pediatric Education. Report of Committee for Study of Child Health Services. New York: The Commonwealth Fund. 1949. 270 pp.
This report groups the counties of the United States into five groups according to urbanization: greater metropolitan, lesser metropolitan, adjacent, isolated semi-rural, and isolated rural. Data are presented for these groups of counties for infant mortality, use of hospitals at childbirth, receipt of medical care per 1,000 children, availability of hospitals, physicians, public health services, and related facilities and services, and other items.
3. American Medical Association. Committee on Rural Health. Sixth National Conference on Rural Health. Memphis, Tennessee. Feb. 23 and 24, 1951. Chicago. 1951. 48 pp.
Each year the American Medical Association's Committee on Rural Health publishes a report of its national conference. The community approach to health problems was emphasized at the 1951 conference. Health programs in 400 small communities throughout the United States were summarized. These were sponsored by specific groups such as hospital boards, public health advisory committees, and health councils. The projects undertaken included obtaining a hospital or local health department, organizing a consumer-sponsored prepayment health plan, securing medical or other personnel.
4. American Medical Association. Committee on Rural Health. Programs for the Improvement of Rural Health. Chicago. No date given; published about 1950. 227 pp.
State by State reports concerning active rural health programs of rural health committees of State medical societies, medical schools, agricultural extension services, and other interested groups.
5. American Medical Association. Committee on Rural Medical Service. Extension of Rural Medical Service. Chicago. 1949. 133 pp.
State by State reports by State medical society committees on rural medical service and representatives of medical schools.

6. American Medical Association. Committee on Rural Medical Service. Rural Health. Section on Rural Health, Rocky Mountain Regional Conference. Denver. Publisher not given. 1948. 20 pp.

Includes papers presented at conference by physicians, medical educators, and the director of extension of Colorado A. & M. College. The papers are concerned with problems of rural health and the responsibilities of various groups in meeting them.

7. American Medical Association. Council on Rural Health. Seventh National Conference on Rural Health. Denver, Colorado. Feb. 29 and Mar. 1, 1952. Chicago. 1952. 53 pp.

Emphasis on community programs continued in seventh conference.

8. Anderson, Elin L. The Extension Service's Responsibility in Aiding Rural People to Improve Their Health and Medical Services. Washington: U. S. Extension Service. 1947. 14 pp.

Relates the responsibilities of the Extension Service in the field of rural health to rural health needs and the demands made by rural people on the Extension Service. The relationship of a specialized Extension health program to other health activities in extension and to the health activities of other agencies and organizations is briefly outlined. In addition the qualifications and functions of an extension specialist in rural health services are described in broad terms.

9. Anderson, Elin L. Health on the Home Front. Ext. Cir. 1023. Lincoln: Agr. Coll. and U. S. Dept. Agr. 1942. 14 pp.

An aid to round table discussion of local needs and family and community health plans to help meet them.

10. Anderson, Elin L. "Health Services Build Better Health." Journal of Home Economics 42:644-649. Oct. 1950.

This article starts with the World Health Organization's concept of health as "a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity." It urges home economists to promote rural health programs in which health and medical services are so distributed, organized, and financed that they will reach every home in every community. It recommends help for local communities in planning, organizing, and coordinating all health services.

11. Anderson, Elin L. Rural Health and Social Policy. Private Printing. Chevy Chase, Md. 1951. 31 pp.

A memorial publication containing tributes to Miss Anderson's work in rural health together with selections from her writings. These extracts emphasize her concern for a well-rounded rural health program based on the cooperation of National, State and local agencies.

12. Bertrand, Alvin L. and Hitt, Homer L. Parental Attitudes and Dental Care for Children. A Study in Selected Rural Areas of Louisiana. Baton Rouge: La. Agr. Expt. Sta. in cooperation with State Health Department. 1948. 33 pp.

Relates various socio-economic factors to amount of dental care received by children and summarizes data showing dental need and use of care. The attitudes of parents are shown to be of major importance in accounting for the difference between children's need for dental care and the amount of care they receive.

13. Bird, Bedford W. and Landis, Paul H. Planning the Rural Hospital and Health Center. Pop. Bull. 181. Pullman: Wash. Agr. Expt. Sta. 1945. 16 pp.

Suggests ways for a community to plan for its needs in relation to a State master plan for hospitals and health centers. Includes discussion of prepayment for care.

14. Bird, Bedford W., and Reuss, Carl F. Prepaid Health Insurance for Farm Families. Ext. Bull. 316. Pullman: Wash. Agr. Expt. Sta. 1945. 11 pp.

Outlines advantages and disadvantages of a voluntary versus a compulsory approach to health insurance. Lists questions and principles to consider.

15. Blue Earth County Council on Intergovernmental Relations. A Study of Public Health Administration in Blue Earth County, Minnesota. Mankato, Minn. 1947. 86 pp.

Describes the efforts of the Council on Intergovernmental Relations in Blue Earth County, Minnesota, to assist in integrating diverse local interests in health, giving special attention to public health administration. The report shows that because of the great multiplicity of public and private agencies interested in health, an effective public health administration can be achieved only through coordination of local, state, and Federal agencies.

16. Clinton County Health Council. Clinton County Health Survey. Wilmington, Ohio. 1950. 32 pp.

Presents findings and recommendations of a community house-to-house survey made by a county health council.

17. Coddington, James W., Robinson, Helen M. and Wright, Mary T. Hospital and Health Services in Arkansas. Res. Series 12. Fayetteville: Univ. of Ark. in cooperation with Arkansas Dept. of Public Health and Arkansas Hospital and Health Services Survey Advisory Committee. 1947. 138 pp.

Brings together information on hospitals, including hospital use and standards, in Arkansas in 1945. Enumerates factors affecting the geographic limits of hospital communities and outlines suggested hospital communities and districts. Ranks the counties by number of persons for each active physician. Outlines needs for personnel and facilities in the State as well as ways to improve existing services.

18. Cofer, Eloise and Frame, Luke W., M.D., M.P.H. The Family's Health Plan. Good Living Series XVI, Lesson 5. Morgantown: W. Va. College of Agriculture, Forestry, and Home Economics and U. S. Dept. Agr. cooperating. 1949. (Pages not numbered.)

A discussion leaflet suggesting questions for a family to answer in health planning, and outlining in general ways for a family or community to get information on the basis of which sound planning can be done.

19. Columbiana County Rural Health Council. You and Your Neighbor. Columbiana County Health Survey. Ext. Bull. 307. Columbus: Ohio Agr. Ext. Serv. 1949. 23 pp.

Reports findings and recommendations of community self-survey sponsored by county health council. Also outlines proposed activities and agencies which have accepted major responsibility for seeing that these activities are carried out.

20. Commission on Hospital Care. Hospital Care in the United States. New York: The Commonwealth Fund. 1947. 631 pp. (See chapter XI, Hospital Service for Rural People, pp. 142-162.)

Presents data concerning the distribution and use of hospitals according to size of community. Concludes that the problem is not primarily one of placing more hospitals in small population centers but rather one of making a high quality of hospital care conveniently available to rural people. Suggests the affiliation of small hospitals and health centers with larger hospitals and nursing and medical schools as a means of attacking the basic problem.

21. Connor, Ruth M. and Mather, William G. The Use of Health Services in Two Northern Pennsylvania Communities. Bull. 517. State College: Pa. Agr. Expt. Sta. 1949. 45 pp.

Reports effects of various factors on use of medical, dental, and hospital services in two communities, showing differences between rural families and those in small urban centers. Factors reported upon include distance from service, age, educational level, income, and habits of self-medication. Relates expenditures for medical care to family income and shows uneven distribution of families according to medical care costs.

22. Council on Intergovernmental Relations. Grass Roots. A Report and an Evaluation. Washington. Sept. 1947. 53 pp.

Reports on five experimental programs carried on in Blue Earth County, Minnesota; Henry County, Indiana; Colquitt County, Georgia; Santa Clara County, California; and Skagit County, Washington. It was found that local councils with competent local leaders can do much in adjusting federal and state programs to local needs and conditions. The health of rural people was one of the concerns of the "grass roots" councils.

23. Cronin, John W. "Are We Building Too Many Small Hospitals?" Hospitals 24:43-44, 148, 150, 152. Nov. 1950.

Reviews the reasons for small hospitals, their advantages and disadvantages, and possibilities for overcoming disadvantages through integrating the services of small and large institutions.

24. Dickens, Dorothy. Wanted: A Healthy South. Atlanta: Southern Regional Council, Inc. 1946. 30 pp.

Counts cost of poor health in the South in terms of human values and loss of manpower and productive human efficiency, as well as in terms of dollars. Reviews data indicating health status of white and Negro populations, social and economic factors contributing to poor health, and receipt and costs of medical care. Includes "prescriptions" for a healthy South.

25. Dorn, Harold F. "Mortality Rates and Economic Status in Rural Areas." Reprint 2126. Public Health Reports 55:3-12. Jan. 5, 1940.

Mortality records for two groups of counties in rural Ohio were compared with the result that the standardized death rate in the poor economic areas was found to be about 10 percent greater than in the good areas. Differences were greatest for diseases which modern medical science and public health practices have been most successful in controlling or preventing.

26. Duncan, Otis Durant and Others. Social Research on Health. New York: Social Science Research Council. 1946. 212 pp.

A report on social science research in relation to health prepared at the request of the Southern Regional Committee. The report presents the need, facilities, and sources of data for health research as well as data on the health situation of the South. The bibliography (45 pages) includes references under the following headings: general, economics, historical, political, psychological, sociological, and methodological.

27. Engels, Leonard. "The Bingham Plan." Scientific American 179: Oct. 1948.

Reviews development and operation of coordinated system of large and small hospitals in New England.

28. Exploring Roads to Better Health. A report on the first annual Wisconsin Rural Health Conference. Sept. 22-23, 1950. (Conference sponsored by the State Medical Society with a number of co-sponsoring agencies and organizations.)

Includes papers presented by physicians, medical educators, representatives of farm organizations, and others on rural health needs and organization to meet them.

29. Falk, I. S., Klem, Margaret C., and Sinai, Nathan. The Incidence of Illness and the Receipt and Costs of Medical Care Among Representative Families. Committee on the Costs of Medical Care, Pub. 26.

Chicago: Univ. of Chicago Press. 1933. 327 pp.

Data obtained for a consecutive 12-month period during 1928-31 from a Nationwide study of the incidence of sickness, the receipt of medical care and its costs in the experience of families representative of the whole population. Comparisons are made according to size of place of residence (including towns of 5,000 or less and rural areas); size of family; percentage of persons receiving certain services in families of varying income; amount and adequacy of care received; charges for service; and other factors.

30. Falk, I. S., Rorem, C. Rufus, and Ring, Martha D. The Costs of Medical Care. Committee on the Costs of Medical Care, Pub. 27.

Chicago: Univ. of Chicago Press. 1933. 623 pp.

Summarizes investigations of the economic aspects of medical care over the Nation as a whole during the period 1928-31. Provides information by place of residence for illness rates per person, receipt of specified medical services, charges by income group, and uneven distribution of charges. Shows distribution of medical and dental practitioners by size of community in 1929. Gives other data concerning distribution of medical care facilities and personnel.

31. Farm Foundation. Better Health for Rural People. Chicago, Ill. 1948. 16 pp.

Describes the progress of many rural health programs stimulated by the Farm Foundation through education and research and carried out with the help of other agencies and organizations. Outlines other areas for study in solving rural health problems.

32. Federal Inter-Agency Committee on Migrant Labor. Migrant Labor... A Human Problem. Report and Recommendations. Washington: U. S.

Govt. Print. Off. 1947. 58 pp.

Discusses background and extent of problem. Makes recommendations and suggests legislation to meet health and other needs of migrants in agriculture.

33. Flagg, Grace L. and Longmore, T. Wilson. Trends in Rural and Urban Levels of Living. Agr. Inf. Bull. 11. Washington: U. S. Govt. Print. Off. 1949. 75 pp.

This report demonstrates the relation between farm levels of living and degree of rurality as indicated by the percentage of county population living on farms. It recognizes, however, that this classification is not enough and that the increasing variability of farm family living conditions necessitates the study of rural life on a scale ranging from the most isolated rural environment to the densely populated metropolis. Among the items considered in relation to rurality are births in hospitals and physicians and dentists per 100,000 population.

34. Folsom, Josiah C. (Compiler). Social Security and Related Insurance for Farm People. An annotated bibliography of selected references. U. S. Dept. Agr. Library List 50. Washington. 1949. 25 pp.

Includes references on rural health needs and resources, health insurance and prepaid health services, and opinions regarding national health insurance proposals.

35. Fourth Annual Michigan Rural Health Conference. Oct. 20-21, 1950. Lansing: Michigan Foundation for Medical and Health Education, Inc. 31 pp.

Summarizes papers on community health programs and the community organizations through which they were carried out. Suggests resources for community groups to use.

36. Galloway, Robert E. and Kaufman, Harold F. Health Practices of Rural People in Lee County. Sociology and Rural Life Series 1. State College: Miss. Agr. Expt. Sta. in cooperation with U. S. Bur. Agr. Econ. 1950. 13 pp.

This report indicates present efforts of the people of Lee County to prevent and cure illnesses as shown by their use of doctors, dentists, hospitals, public health services, and other practices to prevent or cure disease. A brief inventory of the available health resources is given and also a list of the sources from which families obtained health information. A comparison is made between the Negro population's use of health services and that of the whole population of the county. Use of selected medical services is related to living standards, sex, age, occupation, and distance to service.

37. Galloway, Robert E. and Kaufman, Harold F. Health Practices in Choctaw County. Sociology and Rural Life Series 2. State College: Miss. Agr. Expt. Sta. in cooperation with U. S. Bur. Agr. Econ. 1950. 13 pp.

(See annotation for similar report for Lee County.)

38. Galloway, Robert E. and Loftin, Marion T. Health Practices of Rural Negroes in Bolivar County. Sociology and Rural Life Series 3. State College: Miss. Agr. Expt. Sta. in cooperation with U. S. Bur. Agr. Econ. 1951. 14 pp.

(See annotation for similar report for Lee County. This report, however, is limited to the Negro population. Negroes form the major part of the population of the county.)

39. Galloway, Robert E. and Loftin, Marion T. Health Practices of Rural People in Forrest County. Sociology and Rural Life Series 4. State College: Miss. Agr. Expt. Sta. in cooperation with U. S. Bur. Agr. Econ. 1951. 14 pp.

(See annotation for similar report for Lee County.)

40. Garnett, W. E. Medical Care for Country Folk. Address to 4th Year Students, University of Virginia Medical School, December 16-17, 1949. Rural Sociology Rept. 75. Blacksburg: Va. Agr. Expt. Sta. 1949. 36 pp.

Considers needs of rural people for more adequate medical care and possible adjustments in the present medical care system to adapt it to the needs of rural people. Discusses cost of medical care in relation to income and other factors affecting the current health situation. Recommends measures for improvement. Appendix includes "Yardsticks for Insurance Plans," summary of arguments for and against national health insurance, and suggestions for health councils.

41. Gregory, C. L., Bankert, Zetta E., McDowell, Mleta, and Lively, C. E. The Health of Low-Income Farm Families in Southeast Missouri. Res. Bull. 440. Columbia: Mo. Agr. Expt. Sta. 1947. 44 pp.

Reports results of physical and dental examination of 4,124 persons in 843 agricultural families in Southeast Missouri. Makes comparisons by race, sex, and specified age group for major diseases and defects. Recommends improvement of rural health services and promotion of health education.

42. Hamilton, C. Herace. Medical Care Services in North Carolina. A statistical and graphic summary prepared for the Governor's Commission on Hospital and Medical Care. Prog. Rept. RS-4. Raleigh: N. C. Agr. Expt. Sta. 1944. 82 pp.

Data are arranged to show how North Carolina ranks in the Nation and how the counties rank within the State with regard to hospital and medical care services, health conditions, and social and economic factors affecting health and medical care. Comparisons are made wherever data are available for the white and nonwhite population, and for rural and urban areas. Most of the data are for 1940.

43. Hay, Donald G. and Larson, Olaf F. Medical and Health Care Resources Available in Cortland County, New York, 1949. Dept. of Rural Sociology Mimeo. Bull. 24. Ithaca: N.Y. State Coll. of Agr. in cooperation with U. S. Bur. Agr. Econ. 1950. 28 pp.

Lists and briefly describes the medical and health care services which were available in Cortland County at the time of the study; shows the distribution and inter-relationships of services by communities within the county. Includes medical care personnel and facilities and the organized activities of voluntary and official agencies. Among the voluntary agencies are groups such as the county farm bureau and 4-H Clubs in which health is one among many interests.

44. Hay, Donald G. and Larson, Olaf F. Medical and Health Care Resources Available in Chautauqua County, New York, 1950. Dept. of Rural Sociology Mimeo. Bull. 29. Ithaca: N.Y. State Coll. of Agr. in cooperation with U. S. Bur. Agr. Econ. 1952. 44 pp.

(See annotation for similar report for Cortland County. This report also contains data regarding use of services.)

45. Hay, Donald G. and Larson, Olaf F. Medical and Health Care Resources Available in Livingston County, New York, 1950. Dept. of Rural Sociology Minco. Bull. 30. Ithaca: N.Y. State Coll. of Agr. in cooperation with U. S. Bur. Agr. Econ. 1952. 43 pp.

(See annotation for similar report for Chautauqua County.)

46. Hay, Donald G. and Larson, Olaf F. Medical and Health Care Resources Available in Oswego County, New York, 1949. Dept. of Rural Sociology Minco. Bull. 25. Ithaca: N.Y. State Coll. of Agr. in cooperation with U. S. Bur. Agr. Econ. 1950. 28 pp.

(See annotation for similar report for Cortland County.)

47. Hay, Donald G. and Larson, Olaf F. Use of Health Resources by Rural People in Two Western New York Counties, 1950. Dept. of Rural Sociology Minco. Bull. 31. Ithaca: N.Y. State Coll. of Agr. in cooperation with U. S. Bur. Agr. Econ. 1952. 38 pp.

The use rural people make of health care resources and factors affecting use of these resources in two western New York counties are reported upon in a manner similar to an earlier report by the same authors for two central New York counties (see Larson, Olaf F. and Hay, Donald G. Use of Health Resources by Rural People in Two Central New York Counties, 1949).

48. Health and Medical Care in Alabama. Montgomery: Alabama State Planning Board in cooperation with Alabama Medical Association and Dept. of Health. 1945. 143 pp.

Compares Alabama mortality rates with those of the United States as a whole, describes distribution of health personnel and facilities in the State, and recommends a master plan for hospitals. Considers relationship between income level of population and distribution of health services. Discusses alternative methods of payment for care.

49. Hepple, Lawrence M. Selective Service Rejectees in Rural Missouri, 1940-43. Res. Bull. 439. Columbia: Mo. Agr. Expt. Sta. 1949. 19 pp.

Reports on rejection rates in relation to indices of literacy, education, social participation, and standard of living. Compares rural white and nonwhite rejection rates. Also compares rural and urban rates but points out that certain wards within large cities had higher rejection rates than rural counties. Suggests that rates show need for attention to mental as well as physical health.

50. Hitt, Homer L. and Bertrand, Alvin L. The Social Aspects of Hospital Planning in Louisiana. Louisiana Study Series 1. Baton Rouge: La. Agr. Expt. Sta. in cooperation with Health and Hospital Division, Office of the Governor. 1947. 105 pp.

An analysis of economic and social data pertinent to health and hospital planning throughout the State. Part I gives mortality rates by race, residence, and cause and describes existing hospital facilities and medical personnel. Part II shows the number and distribution of the population, its composition and growth trends, educational status, levels of living and economic resources. Data for rural and urban, white and non-white are given in graphic form through 51 charts and maps and 25 tables.

51. Hoffer, Charles R. Health and Health Services for Michigan Farm Families. Spec. Bull. 352. East Lansing: Mich. Agr. Expt. Sta. 1948. 54 pp.

Five major problems are considered: extent of need for medical attention among farm families, availability of medical, dental, and hospital facilities for a selected sample of farm families, practices of farm families regarding use of available medical services and the opinions they have about them, approximate cost of services used and the method farm families use to pay costs. The study is based on a carefully selected sample of 306 farm families in typical areas of Michigan.

52. Hoffer, Charles R. "Medical Needs of the Rural Population in Michigan." Rural Sociology 12:162-168. June 1947.

Describes experiment with method of determining medical care need through use of a survey of symptoms of illness. Summarizes comparison of data obtained by interviewing member of family and by examination by a physician. Relates incidence of need for medical care to age and economic status.

53. Hoffer, Charles R. and Gibson, Duane L. "Methodology in a Michigan Health Survey." Rural Sociology 16:164-168. June 1951.

The article briefly describes the "symptoms approach" as used in the Michigan health survey to indicate medical need. It also outlines general procedures used in the survey to discover the health needs of the rural population with enough data about the urban population for purposes of comparison.

54. Hoffer, Charles R., Gibson, Duane L., Loomis, Charles P., Miller, Paul A., Schuler, Edgar A., and Thaden, John F. Health Needs and Health Care in Michigan. Spec. Bull. 365. East Lansing: Mich. Agr. Expt. Sta. 1950. 94 pp.

A State-wide survey of incidence of illness, extent of unmet need for medical care, use of health and medical services including insurance, and opinions and practices regarding health services with appendixes indicating methods and some of specific results of study. Among the factors found to be related to unmet medical need are income, education, distance to service, and size of population of the medical service area. Rural-urban comparisons are made.

55. Hoffer, Charles R. and Jane, Clarence. Health Needs and Health Care in Two Selected Michigan Communities. Spec. Bull. 377. East Lansing: Mich. Agr. Expt. Sta. 1952. 30 pp.

This is the third report dealing with the Michigan Health Survey. Part I was a statement of the health conditions in Michigan (Spec. Bull. 365 - see Hoffer, Charles R. and others); Part II analyzed the distribution of doctor and osteopaths in Michigan communities (Spec. Bull. 370 - see Thaden, John F.). This study compares health conditions in Tecumseh, Lenawee County, which is well supplied with health facilities, with those in Pellston, Emmet County, which is at a relative disadvantage with respect to health facilities. It analyzes health needs, use of medical services, expenditures for medical care and attitudes regarding prepayment plans.

56. Hollingsworth, Helen, Monroe, Day, Klem, Margaret C., and Benson, Karl L. Family Expenditures for Medical Care. Consumer Purchases Study. U. S. Dept. Agr. Misc. Pub. 402. Washington: U. S. Govt. Print. Off. 1941. 241 pp. (See also U. S. National Resources Planning Board.)

Presents rural segment of information on medical care expenditures developed by Nationwide study of consumer purchases during 1935-36 conducted by Bureau of Home Economics and Bureau of Labor Statistics. Detailed data are given on expenditures for medical, dental, hospital and related care by families in small cities and villages and on farms. Comparisons are presented by income level, family size and composition, race, size of community, and region of the country.

57. Houser, Paul M. and Beegle, J. Allan. Mortality Differentials in Michigan. Spec. Bull. 367. East Lansing: Mich. Agr. Expt. Sta. 1951. 62 pp.

Describes the mortality characteristics and conditions of the people of Michigan by county, race, age, sex, and cause of death. Observes that greater unmet needs and higher death rates in rural areas reflect the lower economic level, lower health standards, and less adequate health facilities available in rural as compared with urban Michigan.

58. Hubbard, John P., M.D., Pennell, Maryland Y., and Britten, Rollo H. Health Services for the Rural Child. Preprinted, with additions, from the Journal of the American Medical Association. 1948. 58 pp.

Summarizes national data by county group according to urbanization of county and gives data by county and State for child population, general hospital beds, and physicians.

59. Johnston, Helen L. Cooperation for Rural Health. Misc. Rept. 123. Washington: U. S. Farm Credit Administration. 1948. 55 pp.

Reviews general activities for health improvement carried on by farmers' cooperatives during 1945-47. Outlines three systems of prepayment which they have sponsored. Finally, makes some suggestions for interested groups in rural areas where little, if anything, has yet been done.

60. Johnston, Helen L. Rural Health Cooperatives. U. S. Farm Credit Adm. Bull. 60 and U. S. Public Health Service Bull. 308. Washington: U. S. Govt. Print. Off. 1950. 93 pp.

Based chiefly on experience of 48 of the 101 rural health cooperatives of record up to mid-1949. Brings together facts about their formation, operating methods, facilities, personnel, problems, and contributions to their communities as reported by officials of the associations, their physicians and members, and others.

61. Kaufman, Harold F. Use of Medical Services in Rural Missouri. Res. Bull. 400. Columbia: Mo. Agr. Expt. Sta. 1946. 54 pp.

A study of five representative counties in Missouri which describes the distribution of medical personnel and facilities and the relation of age, sex, income, and locality to the use of medical services. The amount of medical and health service received was more highly related to income than to any other factor. Persons living less than 20 miles from a hospital were twice as likely to use one as individuals more distant. Older people used medical services more than younger people, females more than males. Health education is needed to help people value good medical care, and more health personnel and facilities are also needed.

62. Kaufman, Harold F. and Morse, Warren W. Illness in Rural Missouri. Res. Bull. 391. Columbia: Mo. Agr. Expt. Sta. 1945. 55 pp.

Reports on incidence of illness and disability among open-country residents in five Missouri counties. Relates illness rates to economic level, distance from medical care, and other factors.

63. Kemp, Louise and Smith, T. Lynn. Health and Mortality in Louisiana. Bull. 390. Baton Rouge: La. Agr. Expt. Sta. 1945. 47 pp.

Compares mortality rates in Louisiana with those in the United States by race and rural-urban residence. Shows trends in mortality rates by race from 1920 to 1940.

64. Kraenzel, Carl F. The Hospitals of Montana. A Basis for a Coordinated Hospital-Health-Medical Care Program. Bull. 456. Bozeman: Mont. Agr. Expt. Sta. 1949. 48 pp.

Suggests a three-pronged attack on the total health needs of the State including facilities and personnel (1) in the hospital field, (2) in the public health program, and (3) in the field of medical and dental care. Recommends that all should operate as an integrated series of services within districts including several communities and, in some cases, several counties to insure an adequate population base for financial support. Suggests that social organization is essential to carry out these recommendations and bring about coordination between town and country, between the different services, and among the various professional groups. Organization is also suggested as essential for adequate financing of a program of coordination. (Lists 59 footnote references to pertinent material.)

65. Kraenzel, Carl F. The Hospitals of Montana. Existing Facilities and Attendant Problems. Bull. 438. Bozeman: Mont. Agr. Expt. Sta. 1946. 31 pp.

Surveys Montana's hospital situation, the general pattern of hospital use, and some of the problems of hospitals in the State. Recommends legislation to help solve problems.

66. Larson, Olaf F. and Hay, Donald G. "Differential Use of Health Resources by Rural People." New York State Journal of Medicine 52:43-49. Jan. 1, 1952.

Presents social and economic factors associated with variations in use of selected health services by rural people in two western and two central New York counties. Among the factors considered are age and sex, residence and occupation, income, socio-economic status of the family, education, and availability of service.

67. Larson, Olaf F. and Hay, Donald G. "Hypotheses for Sociological Research in the Field of Rural Health." Rural Sociology 16:225-237. Sept. 1951.

Selected hypotheses regarding patterns of use of health services by rural people used in an exploratory study and others formed as a result of it are presented, together with available data for testing.

68. Larson, Olaf F. and Hay, Donald G. Use of Health Resources by Rural People in Two Central New York Counties, 1949. Dept. of Rural Sociology Mimeo. Bull. 27. Ithaca: N.Y. State Coll. of Agr. in cooperation with U. S. Bur. Agr. Econ. 1951. 45 pp.

Two central New York counties were used as a laboratory in which to study the use rural people are making of the health resources available to them including physicians, dentists, hospitals, school health services, public health services, and health insurance. The study also includes information regarding the information rural people have about available health resources, sources of information, their opinions about health services and their availability, and factors affecting their use of health services. An inventory of resources available within the two counties is included.

69. Larson, Olaf F., Hay, Donald G., Levy, Walter C., M.D., and Mosher, William E., M.D. "Family Utilization of Health Resources in Rural Areas." New York State Journal of Medicine 51:335-340. Feb. 1, 1951.

Indicates availability of services in two New York counties and their use related to various family characteristics and other factors.

70. Lively, Charles E. Health. Reprinted from Missouri, Its Resources, People and Institutions by University of Missouri Associates. 1950. pp. 449-474.

Discusses economic and social effects of poor health, various measures of health in Missouri and elsewhere, personnel and facilities available in the State for health and medical care, and improvements that need to be made.

71. Lively, Charles E. Rural Health and Medical Service in Missouri. Columbia: Mo. Agr. Expt. Sta. 1943. 16 pp. and appendix.

Reports on survey of incidence of illness among the open country population of Missouri. Includes data on medical care expenditures. Recommends programs for meeting rural health needs including some form of subsidy to those who cannot otherwise meet the costs of care. Suggests that this might be done through subsidy to group health associations or some other group plan of financing.

72. Locke, Joseph H. (Compiler.) Community Organization for Health--Selected References. Report sponsored by The Farm Foundation, Chicago, and compiled under the direction of a committee of the Social Research Service, Mich. State College. East Lansing: Mich. State College. 1950. 22 pp.

This reading list is divided into ten major parts, each with a short general review of the literature is pertinent to the topic and a listing of references. The list is focused on national, State, or local community efforts to deal with needs for hospitals, public health units, and prepayment. The subject of community organization in general is taken up from the point of view of health improvement. Many rural references are included.

73. Louisiana Rural Health Council. (Florence S. Abington, Compiler.) Physicians, Dentists, Nurses for Rural Areas. Proceedings of Third Annual Meeting. Ext. Pub. 1055.

Baton Rouge: La. State Univ. and A. and M. Coll. 1950. 23pp.

Reports on suggestions made by conference speakers on ways to help relieve shortage of medical personnel in rural communities.

74. Mangus, Arthur R. Health and Human Resources in Rural Ohio. Mimeo. Bull. 176. Wooster: Ohio State Univ. and Ohio Agr. Expt. Sta. 1944. 61 pp.

Cites data on causes of illness and death at different age levels and on distribution of health personnel and facilities. Points out concentration of health services in large urban centers. Draws conclusions regarding ways by which rural health situation might be improved.

75. Mangus, Arthur R. Mental Health of Rural Children in Ohio. Res. Bull. 682. Wooster: Ohio Agr. Expt. Sta. in cooperation with Ohio State Dept. of Pub. Welfare. 1949. 34 pp.

Summarizes findings of study of personality adjustment of farm and nonfarm children including differences by sex and school retardation. Makes general recommendations for improvement through programs of child guidance, training and education in homes and schools.

76. Mangus, Arthur R. Voluntary Health Insurance Plans and their Application in Rural Areas. Columbus: Ohio Agr. Expt. Sta. 1943. 35 pp.

Includes an appraisal of voluntary plans and outlines principles for a community health program.

77. Mason, Marie. Rural Family Health in a Selected County in Kentucky. Bull. 538. Lexington: Ky. Agr. Expt. Sta. 1949. 46 pp.

A representative rural county of Kentucky was selected as the area for study of incidence of illness, nature and use of preventive measures, availability of health and medical services, use of service and its cost, and attitudes regarding availability and use of services. The effect of sex and age, income, occupation, and education is shown.

78. Mather, W. G. The Use of Health Services in Two Southern Pennsylvania Communities. Bull. 504. State College: Pa. Agr. Expt. Sta. 1948. 38 pp.

With the aim of studying the use of health services in the normal community, two communities in southern Pennsylvania were selected for study. The communities differed in that one had a hospital at the main urban center and the other did not. The study reports the effects of various factors on use of medical, dental, and hospital services showing differences between rural families and those in the urban centers. Factors reported upon include distance to service, age, education, income, and use of self-medication. Costs of health services are given by residence and type of service. Use of service is related to income class and residence. (See parallel study by Connor and Mather for two northern Pennsylvania communities.)

79. Mayo, Selz C. Distribution of Dentists in North Carolina. Prog. Rept. RS-7. Raleigh: N. C. Agr. Expt. Sta. 1946. 19 pp.

Shows distribution of dentists, white and Negro, by county in North Carolina. Insufficient personnel has caused accumulated needs for dental care among the population, both urban and rural.

80. Mayo, Selz C. Negro Hospital and Medical Care Facilities in North Carolina. Progress Rept. RS-5. Raleigh: N. C. Agr. Expt. Sta. 1945. 20 pp.

Analysis of existing medical care services and facilities for Negroes with recommendations for more adequate medical care, the training of Negro medical personnel and leaders to carry out health programs and an equitable system of payment for care. Includes some comparisons of the availability of services and health status for the white and the nonwhite population of North Carolina.

81. Mayo, Selz C. and Fullerton, Kie Sebastian. Medical Care in Greene County. Bull. No. 363. Raleigh: N. C. Agr. Expt. Sta. 1948. 31 pp.

A report of the findings of a study in a North Carolina county to determine what medical personnel and facilities were available; the extent to which these were used; and the extent of unmet need for medical attention. Factors affecting use of service and participation in prepayment plans include race, occupation, sex, distance, and income. Attitudes toward proposals for use of Federal funds to aid in improvement of services are summarized.

82. McGibony, J. R., M.D. and Block, Louis, Dr. P. H. "Better Patient Care through Coordination." Public Health Reports 64: 1499-1527. Nov. 25, 1949.

"If properly utilized," the authors state, "a community hospital can be the most effective unit in a program for the advancement of rural medicine, for it is ultimately the community hospital which will determine whether good or poor medicine is to be practiced in the community." The article deals with the concept, present situation, and program of regional coordination as a way to help assure the advancement of rural medical care.

83. Meier, Iola and Lively, Charles E. Family Health Practices in Dallas County, Missouri. Bull. 369. Columbia: Mo. Agr. Expt. Sta. 1943. 32 pp.

A survey of the health facilities and practices of 258 open-country families representing the major socio-economic areas in Dallas County, Missouri. Information was obtained on the family use of practitioners, dentists, and hospitals. Low incomes, lack of facilities and prejudices about professional medical care contributed to the wide-spread use of home remedies. Every family used unprescribed drugs and patent remedies; the number varied from one to sixteen per family.

84. Miller, Paul A. and Andrews, Wade H. Rural People and Public Agencies in Van Buren County, Michigan. East Lansing: Mich. Ext. Serv. 1950. 16 pp.

Presents selected responses of the people of the county as to their understanding of use made of and attitude toward the county health unit and other local public agencies.

85. Moore, Marjorie E. and Sanders, Barkey S. "Extent of Total Disability in the United States." Social Security Bulletin 13: 7-14. Nov. 1950.

Includes data from sample survey in February 1949 showing number of persons disabled for seven months or more by age group and sex for urban and for rural farm and nonfarm population. (See also Woolsey, Theodore D. Estimates of Disabling Illness Prevalence in the United States.)

86. Mott, Frederick D. and Roemer, Milton I. Rural Health and Medical Care. New York: McGraw-Hill Book Co. 1948. 608 pp.

In their preface the authors comment that "No clear-cut line of demarcation, of course, separates rural health problems from urban health problems or rural medical care from urban medical care. Disease knows no corporate limits, no definitions of residence. The automobile and the telephone, moreover, have shortened the lines of science. The farmer may be hospitalized in a near-by city; the city specialist may be called out to the country in consultation. And yet the farmer as a rule is not hospitalized in a modern urban hospital, and the city specialist views the country chiefly as a recreation area. It is facts like these that have made rural health and medical care a special issue."

Problems of health in the rural setting are the subject of this outstanding reference book, along with the social and economic reasons underlying these problems, and possible changes that might remove the present divergence between rural and urban areas in volume and quality of health services. The book contains a wealth of material on all aspects of rural health and medical care, the burden of sickness and disability among rural people, availability of services, services used and their cost, special programs to improve rural health conducted by official and by voluntary agencies, and possibilities for the future.

87. National Health Assembly. America's Health, a Report to the Nation. Official Report. New York: Harper and Brothers. 1949. 395 pp. (See Chapter VI, A National Program for Rural Health, pages 139-165.)

Chapter VI summarizes discussion and recommendations of rural health section of National Health Assembly. It reviews data indicating rural health status and needs for additional doctors, hospitals, public health units, prepayment, and other health facilities and services. Finally it sets forth 10-year goals and suggests ways to achieve them. The chapter presents the combined thinking of a representative group of professional and lay persons with a primary interest in rural health.

88. National Health Council. Directory of Community Health Planning Councils. New York. 1950. 98 pp.

Lists names and addresses of State and local community health planning councils active during 1949-50 according to a nation-wide survey. The "working" definition of such councils used in compiling the list was as follows: "A state or local federation of groups and individuals organized for the purpose of joint planning, coordination, and promotion of health activities. It may be called a 'health federation', a 'health committee', a 'health division' of a community welfare council or council of social agencies, etc., or simply a 'health council'." Councils formed in both urban and rural areas are listed although rural councils are not usually identified as such.

89. Nelson, Lowry. Trends in Numbers and Distribution of Physicians and Hospital Facilities in Minnesota, 1930-1944. Misc. Journal Series, Paper 702. St. Paul: Minn. Agr. Expt. Sta. 1950. 16 pp.

Draws rural-urban comparisons regarding distribution of physicians and hospital beds in Minnesota counties. Observes that "medicine has become practically an urban profession."

90. North Carolina Committee on Hospitals and Medical Care for Rural People. Medical Care and Hospital Facilities for Rural People in North Carolina. Raleigh: N. C. State College. 1944. 10 pp.

A summary report and recommendations submitted to The Governor's Commission on Hospitals and Medical Care. The report emphasized the need for: (1) trained medical personnel to serve in rural areas, (2) rural hospitals and other medical facilities, (3) convenient methods of paying for medical care and (4) preventive and educational services. Recommendations included: (1) State supported four-year medical school with loan funds for rural medical students, (2) the building of hospitals and health centers, (3) encouragement of group medical care plans with additional help for indigent and low-income families, (4) the establishment of a State Hospital and Medical Care Commission.

91. North Carolina State Health Planning Committee. Medical Care and Health Facilities in North Dakota. Fargo. 1945. 41 pp.

Shows distribution of medical, dental, hospital, ambulance, X-Ray, public health, and nursing facilities throughout the State. Recommendations include the organization of County Health Planning Committees to promote a study of conditions and of ways to meet health needs.

92. Pennell, Maryland Y. and Altenderfer, Marion E. Health Manpower Source Book - I. Physicians. (Preliminary) Pub. Health Serv. Pub. 263. Washington: U. S. Govt. Print. Off. 1952. 70 pp.

Includes data on urban-rural distribution of physicians.

93. Pennock, Jean L. and Angle, Grace M. What Farm Families Spend for Medical Care. U. S. Dept. Agr. Misc. Pub. 561.

Washington: U. S. Govt. Print. Off. 1945. 13 pp.

Based on data collected for the year 1941 in the course of the study of Family Spending and Saving in Wartime conducted by the Bureau of Human Nutrition and Home Economics and the Bureau of Labor Statistics. Compares share of family income devoted to medical care at different family income levels and composition of medical bill according to income level; indicates uneven distribution of medical care costs and rural-urban differences in medical care expenditures.

94. Pennock, Jean L. and Speer, Elizabeth L. Changes in Rural Family Income and Spending in Tennessee, 1943-44. U. S. Dept. Agr. Misc. Pub. 666. Washington: U. S. Govt. Print. Off. 1949. 106 pp.

Survey of 509 farm and rural nonfarm families. Reports family living expenditures, including total costs of medical care and costs by type of expenditure.

95. Planning for Health Services--A Guide for States and Communities. Public Health Bull. 304. Washington: U. S. Govt. Print. Off. 1950. 69 pp.

Embodies material developed by the section on State and Community Planning at the National Health Assembly in 1948 under the chairmanship of Dr. Florence Sabin. Many references are made to rural experiences in the discussion of ways for planning groups to get started, where various groups fit, the kind of planning and the kind of organization that is needed, and functions of a community health planning organization.

96. President's Commission on Migratory Labor. Migratory Labor in American Agriculture. Report. Washington: U. S. Govt. Print. Off. 1951. 188 pp. (See Chapter IX, Health, Welfare, and Safety, pp. 153-159.)

Includes limited data on incidence of illness among migratory workers, living conditions conducive to illness, efforts at improvement, and recommendations for specific measures to improve the existing situation.

97. Price, Paul H. Modifying Dental Attitudes through Community Programs. A Study of Selected Louisiana Rural Communities.

Baton Rouge: La. Agr. Expt. Sta. in cooperation with State Health Department. 1952. 22 pp. (See Bertrand, Alvin L. and Hitt, Homer L.)

Reports on the effect of an educational program in modifying attitudes which affect use of dental care for children regardless of the availability of dentists or the ability to pay for care.

98. Price, Paul H. and Hitt, Homer L. The Availability of Medical Personnel in Rural Louisiana. Bull. 459. Baton Rouge: La. Agr. Expt. Sta. 1951. 20 pp.

Recognizing that patients and doctors do not observe political boundaries, this report uses local political subdivisions (parishes) in indicating ratios of doctors, dentists, and nurses to population in 1946 and 1949. It also compares State ratios with those of other States and with standards of adequacy.

99. Raper, Arthur F. A Graphic Presentation of Rural Trends. U. S. Ext. Serv. and Bur. Agr. Econ. Washington: U. S. Govt. Print. Off. 1952. 33 pp.

Presents basic facts concerning trends in population, in farming, and in community life in rural areas. Includes chart on distribution of physicians. Current trends in rural living inevitably will affect the choices to be made by rural people if they are to protect their interests "within the larger framework of the welfare of the Nation and of the world."

100. Reagan, Barbara B. and Grossman, Evelyn. Rural Levels of Living in Lee and Jones Counties, Mississippi, 1945. U. S. Dept. Agr. Inf. Bull. 41. Washington: U. S. Govt. Print. Off. 1951. 164 pp.

Survey of 1,200 representatives rural farm and nonfarm families and single consumers living in two Mississippi counties. Family living expenditures, including total costs of medical care and costs by type of expenditure, are reported upon for farm and rural nonfarm persons and consumer units according to income, race, and occupation.

101. Reid, E. B.; Johnston, Helen, Samuels, J. K., and others. Cooperative Health Articles. Reprinted from the News for Farmer Cooperatives. Series I. Washington: U. S. Farm Credit Administration. June 1947. 19 pp.

Series of articles reporting experience of rural cooperatives in building hospitals and carrying on other health activities.

102. Robinson, Thomas C. M. "Gathering and Evaluating Accident Data with Respect to Farm People and Farm Workers." American Journal of Public Health 39: 999-1003. Aug. 1949.

Describes method used in gathering data concerning farm accidents and the probable limitations of the data compiled by this or other methods.

103. Roemer, Milton I. "Rural Programs of Medical Care." The Annals of the American Academy of Political and Social Science. 273: 160-168. Jan. 1951.

Discusses rural health problems and programs.

104. Roemer, Milton I. and Wilson, Ethel A. Organized Health Services in a Rural County. Washington: U. S. Public Health Service. 1951. 144 pp.

Presents systematically the structure and function of all organized health services having an impact on the people of Monongalia County, W. Va. Describes programs of voluntary and official health agencies and also of the many other groups which have health as one of their objectives. The latter include businesses and various civic and social groups with health functions.

The concluding chapter summarizes the findings, and comments on the problems arising from the multiplicity of agencies functioning in the counties, both in terms of overlapping and in terms of gaps in services. The need for better definition of relationships among local, State and federal agencies is also commented upon. The suggestion is made that in order to work out a reasonable pattern of over-all health administration, the focus should be on the human being to be served and his needs, rather than on the agency and the categorical program.

105. Roskelley, R. W. The Rural Citizen and Medical Care. Bull. 495. Pullman: Wash. Agr. Expt. Sta. 1947. 16 pp.

Summarizes answers given by nearly 600 representative rural families to questions about the use of medical practice and method of payment for medical care. The answers were related to size of farm operations of responding families. Data are summarized regarding immunizations and physical and dental check-ups obtained by family members during the last year and during the last five years. Health needs listed by families are also tabulated.

106. Schuler, Edgar A., Mayo, Selz C., and Makover, Henry B., M.D. "Measuring Unmet Needs for Medical Care: An Experiment in Method." Rural Sociology 11: 152-158. June 1946.

Describes method of determining need for medical care through the use of a survey of symptoms of illness as reported by family informants. (See also Hoffer, Charles R., "Medical Needs of the Rural Population in Michigan," and "Methodology in a Michigan Health Survey.")

107. Senf, Catherine. The Farm Accident Situation in 1948. Chicago: National Safety Council in cooperation with U. S. Dept. Agr. 8 pp. (No date.)

Presents estimates based on three sample surveys of the U. S. Bureau of Agricultural Economics. Only injuries resulting in one day or more lost from regular activities are counted as accidents. Statistical data are reported as to type of accident, rate per 1000 population, average days lost per accident, average medical cost per accident, percent of costs covered by insurance, and other factors.

108. Sinai, Nathan and Paton, Dorothy Elizabeth. Hospitalization of the People of Two Counties. Bur. of Pub. Health Economics: Res. Series 6. Ann Arbor: Univ. of Mich. School of Public Health. 1949. 91 pp.

Two typical rural counties were chosen for careful analysis of their hospitalization experience, factors affecting hospital use and choice of hospital, and hospital charges and sources of payment over the period 1940-1945. Hospitalization experience is shown by residence, sex, age, types of illness, hospital days per case and per 1,000 population, and other breakdowns. Out-county hospitalization is compared with in-county hospitalization by years and type of case. It is suggested that "the location of obstetricians or surgeons outside of what may be conceived as a natural hospital area will distort the best laid geographical hospital plan." An increase in hospitalized cases paralleled growth in Blue Cross enrollment. The study points out this is almost wholly the effect of the Blue Cross upon the population since hospital utilization rates did not change materially among persons outside of Blue Cross during the period.

109. Smith, Harold E. Health and Medical Care Practices of Rural Families in Three Indiana Counties, 1950. Mimeo. EC-69. Lafayette: Ind. Agr. Expt. Sta. 1952. 21 pp.

Data on use of and opinions about selected health practices for approximately 200 representative rural families.

110. Southmayd, Henry J. and Smith, Geddes. Small Community Hospitals. New York: Commonwealth Fund. 1944. 182 pp.

Suggests ways to improve rural medicine by improving rural hospital facilities and services.

111. State Rural Health Education Committee. Some Phases of Rural Health in Wisconsin. Madison: Wisconsin State Board of Health. 1947. 26 pp.

Reports material presented at rural health conferences including data concerning rural-urban birth rates and percent of births in hospitals. Also reports on resources and programs to meet rural needs.

112. Tate, Leland B. The Health and Medical-Care Situation in Rural Virginia. Bull. 363. Blacksburg: Va. Agr. Expt. Sta. 1944. 51 pp.

A general view of rural Virginia's health and medical-care situation including incidence of illness and disability, medical-care facilities and personnel available to rural Virginians as compared with those in urban areas, expenditures for medical care, enrollment in prepayment plans, and possible alternatives for the future. Recommends extension of public health services with these services tied in more closely with curative medicine and health education, development of a system of hospitals and health centers, development of a plan for hospitalization adapted to the needs of lower income groups, extension of prepayment, demonstration of regional organization of hospitals, and other improvements.

113. Taylor, Carl C. and others. Rural Life in the United States. New York: Alfred A. Knopf. 1949. 549 pp. (See Chapter 9, Rural Health, pp. 157-177.)

This chapter by Douglas Ensminger and T. Wilson Longmore presents rural health problems and programs in their rural setting as part of a volume on many aspects of rural life. It contains information on health status, health services, medical care plans, and expenditures for medical care.

114. Thaden, John F. Distribution of Doctors of Medicine and Osteopaths in Michigan Communities. Spec. Bull. 370. East Lansing: Mich. Agr. Expt. Sta. 1951. 51 pp.

Analyzes distribution of medical doctors and osteopathic physicians in Michigan based on estimated approximations of the composite trade and service areas of population centers in the State. Observes that medical doctors in Michigan, as in other States, are distributed unevenly between rural and urban areas with the variations increased for specialists.

115. U. S. Bureau of Human Nutrition and Home Economics. Farm Family Living in Illinois. (Preliminary.) Washington. 1951. 111 pp.

Gives expenditures of Illinois farm-operator families and single farm operators in 1946, percent of consumer units having expenditures, and average amounts spent by type of consumer unit and amount of disposable income. Includes medical care expenditures.

116. U. S. Bureau of Human Nutrition and Home Economics. Guiding Family Spending. U. S. Dept. Agr. Misc. Pub. 661. Washington: U. S. Govt. Print. Off. 1949. 26 pp.

Summarizes data on average expenditures, including medical care expenses, and savings of families in the United States during 1941 according to money income, family size and residence. Data are based on unpublished material from nationwide study of Family Spending and Saving in Wartime (reported on in U. S. Dept. Labor Bull. 822, 1945, and U. S. Dept. Agr. Misc. Pub. 520, 1943).

117. U. S. Bureau of Human Nutrition and Home Economics. How Families Use their Incomes. U. S. Dept. Agr. Misc. Pub. 653. Washington: U. S. Govt. Print. Off. 1948. 64 pp.

Medical care expenditures of farm families are reported upon as to trends; comparisons by income group, rural-urban residence, and region; other family living expenditures and saving of farm families. Data are chiefly for 1941 and 1945, based in part on unpublished material from the study of Family Spending and Saving in Wartime. In addition the report shows the distribution of doctors and dentists in 1942 according to rurality of counties of the United States and the proportion of rural and urban births in the hospital by region and State during the period 1941-45.

118. U. S. Bureau of Human Nutrition and Home Economics.
Rural Family Living Charts. Prepared for 1951 Outlook Conference.
Washington: U. S. Govt. Print. Off. 1950. 92 pp.

The consumption expenditures, including expenses for medical care, of Illinois account-keeping farm families in 1936 and 1946 are summarized as well as similar expenditures of north central families (Illinois and Iowa) and of families in Lee and Jones counties, Miss., in 1945. Medical care is reported both as to dollar amount and as to the percentage medical care represents of the total consumption expenditures.

119. U. S. Bureau of Human Nutrition and Home Economics.
Rural Family Living Charts. Prepared for 1952 Outlook Conference.
Washington: U. S. Govt. Print. Off. 1951. 76 pp.

Spending trends of selected farm families and all United States consumers, 1940 to 1950, are shown in tabular and chart form. Expenditures include medical care. Section on Health includes material on distribution of physicians in 1949 according to rurality of county, comparisons of incidence of illness and loss of working time among Michigan residents, and rural and urban infant mortality rates by State and region. National data on health insurance coverage are also given.

120. U. S. Bureau of Human Nutrition and Home Economics.
Rural Family Spending and Saving in Wartime. U. S. Dept. Agr.
Misc. Pub. 520. Washington: U. S. Govt. Print. Off. 1943.
163 pp.

Money expenditures for family living, including expenditures for medical care, are tabulated for year 1941 and for first quarter of 1942 for rural farm and rural nonfarm families by income group. Nonmoney income is also taken into consideration in some of these tabulations. Data represent part of a nationwide study of Family Spending and Saving and Saving in Wartime conducted by the Bureau of Human Nutrition and Home Economics and the U. S. Bureau of Labor Statistics. (See also U. S. Bureau of Human Nutrition and Home Economics. Guiding Family Spending and How Families Use their Incomes.)

121. U. S. Bureau of Human Nutrition and Home Economics in cooperation with Bureau of Agricultural Economics. 1949 Outlook Charts--Rural Family Living. Washington: U. S. Dept. Agr. 1948. 103 pp.

Trends in medical care expenditures per person are shown in tabular and chart form for the period 1936-1947 for selected farm families and all consumers in the United States. Section on Health relates State Blue Cross enrollment to degree of urbanization and gives physician and dentist ratios to population in counties grouped by rurality. The volume of care received by children in metropolitan, adjacent and isolated counties on an average day during 1945 is reported upon as well as the medical care costs of accidents involving one or more days of lost time according to age and sex.

122. U. S. Department of Agriculture. Better Health for Rural America. Misc. Pub. 573. Washington: U. S. Govt. Print. Off. 1945. 34 pp.

Discusses rural needs for health personnel and facilities. Describes Farm Security group health plans and other plans to improve health services for rural people. Outlines what needs to be done for rural communities to achieve their health objectives.

123. U. S. Extension Service. Conference on Extension Health Education. Memphis, Tenn., Feb. 25-27, 1951. Washington. 1951. 19 pp.

Discussion starts with the concept of extension health education developed at 1950 conference; a program to develop among rural people an appreciation of and a sense of responsibility for establishment of health practices, services, and laws that will achieve optimal health levels for the individual and his community; to assist rural people with the process by which they may reach their health goals; and to interpret the services of health organizations and agencies to rural people and the needs of rural people to these organizations and agencies.

124. U. S. Extension Service. Extension Health Education. Summary of a round table conference at Kansas City, Mo., Feb. 5-9, 1950. Washington. 1951. 34 pp.

Discusses program and methods of the health educator in the extension service in the various States. Emphasizes development of family and community understanding and appreciation of health values as a basis for planning and action.

125. U. S. Extension Service. Protecting Rural Children Through County Sodium Fluoride Programs. Ext. Serv. Circ. 468. Washington. 1950. 9 pp.

Outlines procedures for setting up a fluoridation program in a rural county.

126. U. S. Extension Service. The Road to Better Rural Health. Summary of a conference of extension health education specialists at Denver, Colo., March 2-5, 1952. Washington. 1952. 38 pp.

Outlines some of the duties and responsibilities of extension health specialists. Reports on health studies, surveys, prepayment plans, recruitment of nurses, organization of State health committees and local health councils.

127. U. S. National Resources Planning Board. Family Expenditures in the United States: Statistical Tables and Appendixes. Washington: U. S. Govt. Print. Off. 1941. 209 pp. (See also Hollingsworth, Helen, and others.)

Includes detailed farm, rural nonfarm and urban data on 1936 expenditures for medical, dental, hospital, and related types of care. Comparisons are presented by family size and income and by region of the country.

128. U. S. Senate. Committee on Labor and Public Welfare. Health Insurance Plans in the United States. 82d Cong., 1st sess. Report 359. Part I. Washington: U. S. Govt. Print. Off. 1951. 114 pp. (See Chapter VI, 2, Rural Population, pages 90-97.)

Summarizes available data regarding enrollment of rural people in health insurance plans including insurance companies, Blue Cross and Blue Shield, and independent plans. In addition, the opinions of farm organizations and comments made by individual respondents are given. Questions are raised for further study.

129. U. S. Senate. Subcommittee on Wartime Health and Education. The Experimental Health Program of the United States Department of Agriculture. Subcommittee Monograph 1. (79th Cong., 2d sess.) Washington: U. S. Govt. Print. Off. 1946. 166 pp. (Prepared by U. S. Bureau of Agricultural Economics)

During the early 1940's, the Department of Agriculture's Inter-bureau Committee on Postwar Programs administered experimental health plans to provide prepaid services in 7 counties of the United States. This report describes in detail and reviews the experience of the seven groups. It draws conclusions concerning the adequacy of the program in meeting local needs, suggests measures for improvement, and draws out the wider implications of the program for the development of plans under which all people might receive the benefits of modern medical science.

130. Watrous, Roberta C. and McNeill, John M. (Compilers.) Rural Community Organization, a List of References. U. S. Dept. Agr. Library List 46. Washington: U. S. Govt. Print. Off. 1949. 51 pp.

Includes references showing ways in which rural people work together toward the objective of better health for themselves and their communities.

131. Woolsey, Theodore D. "An Investigation of Low Mortality in Certain Areas." Public Health Reports 64: 909-920. July 22, 1949. Reports study of factors which might account for low death rates consistently observed in rural areas and small towns of the West North Central region.

132. Woolsey, Theodore D. Estimates of Disabling Illness Prevalence in the United States. Based on the Current Population Survey of February 1949 and September 1950. Public Health Serv. Pub. 181. Washington. 1952. 16 pp.

Presents data on prevalence of disabling illness and other conditions which kept an individual from working or carrying on his usual activities on the day of interviewer's visit. Data were obtained for persons from 14 to 64 years of age. Rural-urban comparisons are made.

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Shows distribution of medical, dental, hospital, ambulance, X-ray, public health and nursing facilities throughout the State. Recommends that county health and nutrition committees work with other agencies to secure more adequate health services for all the people.

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Shows distribution of medical, dental, hospital, ambulatory, X-ray, public health and nursing facilities throughout the State. Recommends that county health and nutrition committees work with other agencies to secure more adequate health services for all the people.

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